PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legis	slature WITNESS R	EGISTRATION	
Committee Name:_	House Ja	udiciary	
Public Hearing on:	XB 4099		2-5-2014

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Name and Organization <u>or</u> County of Residence	(Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(CP and and a	Yes	No	For	Against	Neutral	Yes	No
Rep. Wally Hicks Dist. 3								
								ed 04/